



# COUNTY OF JEFFERSON

*Ken Waller*  
*County Clerk*

COUNTY CLERK'S OFFICE  
ADMINISTRATION CENTER  
729 MAPLE STREET/PO BOX 100  
HILLSBORO MO 63050  
636-797-5486  
FAX 636-797-5360  
[COUNTYCLERK@JEFFCOMO.ORG](mailto:COUNTYCLERK@JEFFCOMO.ORG)

## Election Worker Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Political Party:**

Republican \_\_\_\_\_

Democrat \_\_\_\_\_

Other: \_\_\_\_\_

**For Tax Purposes:**

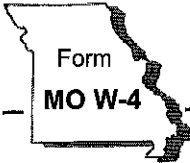
Do you want Social Security & Medicare  
taxes deducted from your paycheck(s)?

YES \_\_\_\_\_

NO \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



MISSOURI DEPARTMENT OF

REVENUE

Form MO W-4

Employee's Withholding Certificate

This certificate is for income tax withholding and child support enforcement purposes only. Type or print.

	Full Name		Social Security Number			
	Home Address (Number and Street or Rural Route)		City or Town	State	ZIP Code	
Employee	1. Filing Status: Check the appropriate filing status below. <input type="checkbox"/> Single or Married Spouse Works or Married Filing Separate <input type="checkbox"/> Married (Spouse does not work) <input type="checkbox"/> Head of Household					
	2. Additional withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected tax by the number of pay periods in a year. Enter the additional amount to be withheld each pay period on line 2.					2
	3. Reduced withholding: If you expect to receive a refund (as a result of itemized deductions, modifications or tax credits) on your tax return, you may direct your employer to only withhold the amount indicated on line 3. Your employer will not use the standard calculations for withholding. If you designate an amount that is too low, it could result in you being under withheld. To calculate the amount needed, divide the amount of your expected tax by the number of pay periods in a year. Enter the amount to be withheld instead of the standard calculation. If no amount is indicated on line 3, the standard calculations will be used.					3
	4. Exempt Status: Select the appropriate reason you are claiming an exemption from withholding below and indicate EXEMPT on line 4.					4
<input type="checkbox"/> I am exempt because I had a right to a refund of all Missouri income tax withheld last year and expect to have no tax liability this year. A new MO W-4 must be completed annually if you wish to continue the exemption.						
<input type="checkbox"/> I am exempt because I meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Missouri tax liability.						
<input type="checkbox"/> I am exempt because my income is earned as a member of any active duty component of the Armed Forces of the United States and I am eligible for the military income deduction.						
Signature	Under penalties of perjury, I certify that the information provided on this form is true and accurate.					
	Employee's Signature (Form is not valid unless you sign it)				Date (MM/DD/YYYY)	
Employer	Employer's Name		Employer's Address			
	City		State	ZIP Code		
	Date Services for Pay First Performed by Employee (MM/DD/YYYY)			Federal Employer I.D. Number		Missouri Tax Identification Number

**Notice To Employer:**  
 Within 20 days of hiring a new employee, send a copy of Form MO W-4 to the Missouri Department of Revenue, P.O. Box 3340, Jefferson City, MO 65105-3340 or fax to (573) 526-8079.  
 Please visit <http://dss.mo.gov/child-support/employers/new-hire-reporting.htm> for additional information regarding new hire reporting.

**Notice to Employee:**  
 Return completed form to your Employer. Consider completing a new Form MO W-4 each year and when your personal or financial situation changes.  
 Visit our online withholding calculator <https://mytax.mo.gov/rtp/portal/home/withholding-calculator>.

- Items to Remember:**
- Employees must complete a new form if their filing status changes or to adjust the amount of withholding.
  - If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide one of the following to your employer: Leave and Earnings Statement of the non-resident military servicemember, Form W-2 issued to the nonresident military servicemember, a military identification card, or specific military orders received by the servicemember. You must also provide verification of residency such as a copy of your state income tax return filed in your state of residence, a property tax receipt from the state of residence, a current drivers license, vehicle registration or voter ID card. For additional assistance in regard to Military, visit the department's website <https://dor.mo.gov/military/>.
  - Additional information can be found at <https://dor.mo.gov/business/withhold/>.

**Mail to:** Taxation Division  
 P.O. Box 3340  
 Jefferson City, MO 65105-3340

**Phone:** (573) 522-0967  
**Fax:** (573) 526-8079

# Employee's Withholding Certificate

Department of the Treasury  
Internal Revenue Service

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
▶ **Give Form W-4 to your employer.**  
▶ **Your withholding is subject to review by the IRS.**

**2020**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er)) <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____		
	Add the amounts above and enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

**Step 5: Sign Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ \_\_\_\_\_ ▶ \_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.) **Date**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)



# Jefferson County Government

## Direct Deposit Enrollment

### ACCOUNT INFORMATION

Employee Name: \_\_\_\_\_

- Please provide a void check or letter from your financial institution. Deposit slips are not acceptable.
- If you want to distribute your paycheck to more than two accounts, you must complete an additional Direct Deposit Enrollment form.
- New employees please note you will receive a LIVE check for the first pay period. Subsequent pay periods will be directly deposited with a few noted exceptions. After you change or add a routing number for a direct deposit, prenotification (prenote) is required and you will receive a live check for the pay period immediately following the addition/change.

NEW REQUEST  CHANGE REQUEST  KEEP CURRENT ACCOUNT(S) & ADD  DELETE ACCOUNT

Name of Financial Institution \_\_\_\_\_

**1** Bank Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Account Type: \_\_\_\_\_ Instructions for Deposit to Account: \_\_\_\_\_

Checking  Savings  All or Remainder of Net  Specific Amount \$ \_\_\_\_\_

NEW REQUEST  CHANGE REQUEST  KEEP CURRENT ACCOUNT(S) & ADD  DELETE ACCOUNT

Name of Financial Institution \_\_\_\_\_

**2** Bank Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Account Type: \_\_\_\_\_ Instructions for Deposit to Account: \_\_\_\_\_

Checking  Savings  All or Remainder of Net  Specific Amount \$ \_\_\_\_\_

### AUTHORIZATION AGREEMENT

I hereby authorize the Payroll Specialist of Jefferson County Government to initiate automatic deposits to my account at the financial institution(s) named above. I also authorize Jefferson County Government to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Jefferson County Government responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution(s) in depositing funds to my account.

My signature below indicates that I am either the account holder or have the permission of the account holder to authorize my employer to make direct deposits in the named account(s).

### SIGNATURE

Signature: \_\_\_\_\_ Date: \_\_\_\_\_